

PART B - FEE(S) TRANSMITTAL

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Brooke French (Depositor's name)
 [Signature] (Signature)
 December 11, 2006 (Date)

24504 7590 11/30/2006
 THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP
 100 GALLERIA PARKWAY, NW
 STE 1750
 ATLANTA, GA 30339-5948

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/827,166	04/19/2004	Timour Paltashev	252209-1050	2414

TITLE OF INVENTION: APPARATUS FOR COMPRESSING DATA IN A BIT STREAM OR BIT PATTERN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/28/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, HAU H	2628	345-555000

- Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
- For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
 1 Thomas, Kayden.
 2 Horstemeyer & Risley
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

VIA Technologies, Inc. Taipei, Taiwan R.O.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

- The following fee(s) are submitted:
☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized to charge the fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-0778 (enclose an extra copy of this form).

5. Change In Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature [Signature]
 Typed or printed name Daniel R. McClure

Date Dec 11, 2006
 Registration No. 38,962

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